



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6661

|  |   |                                  |   |   |                                |
|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/808,867   | <b>FILING OR 371(c) DATE</b><br>03/25/2004<br><b>RULE</b>   | <b>CLASS</b><br>347              | <b>GROUP ART UNIT</b><br>2861   | <b>ATTORNEY DOCKET NO.</b><br>503038.108005 |                                |
| <b>APPLICANTS</b><br>Yoshiyuki Ikezaki, Nagoya-shi, JAPAN;<br>** CONTINUING DATA ***** <i>None</i> <i>RV</i><br>** FOREIGN APPLICATIONS ***** <i>Yes</i> <i>RV</i><br>JAPAN 2003-084514 03/26/2003   |   |                                  |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/03/2004  |   |                                  |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>RV</i><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>20                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>29540  |   |                                  |   |   |                                |
| <b>TITLE</b><br>Inkjet printer   |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |